Company Tracking Number: 2008-0322

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Automobile Independent Form

Project Name/Number: /2008-0322

Filing at a Glance

Companies: Technology Insurance Company, Inc., Wesco Insurance Company

Product Name: Commercial Automobile SERFF Tr Num: REGU-125487748 State: Arkansas

Independent Form

TOI: 20.0 Commercial Auto SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 20.0001 Business Auto Co Tr Num: 2008-0322 State Status: Fees verified and

received

Filing Type: Form Co Status: Reviewer(s): Betty Montesi,

Llyweyia Rawlins, Brittany Yielding

Author: Joanne Sullivan Disposition Date: 02/25/2008

Date Submitted: 02/14/2008 Disposition Status: Approved

Effective Date Requested (New): On Approval Effective Date (New): 02/25/2008

Effective Date Requested (Renewal): On Approval Effective Date (Renewal):

02/25/2008

State Filing Description:

General Information

Project Name: Status of Filing in Domicile: Pending

Project Number: 2008-0322 Domicile Status Comments:

Reference Organization: Reference Number:

Reference Title: Advisory Org. Circular:

Filing Status Changed: 02/25/2008

State Status Changed: 02/25/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Technology Insurance Company (TIC) and Wesco Insurance Company (WIC) are submitting an independent form filing for their Commercial Automobile Program. The corresponding rule is not required to be filed as per your state requirements.

The following items are enclosed for your review:

Company Tracking Number: 2008-0322

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Automobile Independent Form

Project Name/Number: /2008-0322

Required state filing forms

•Independent form CA990010 - Exclusion - Physical Abuse Or Sexual Misconduct Liability

A fee in the amount of \$50.00 to cover the required filing fee is being submitted.

We ask that this filing become effective for all policies upon approval.

Company and Contact

Filing Contact Information

(This filing was made by a third party - insuranceregulatoryconsultantsllc)

Joanne Sullivan, joannesullivan@ircllc.com

50 Broad Street (212) 571-3989 [Phone]

New York, NY 10004

Filing Company Information

Technology Insurance Company, Inc. CoCode: 42376 State of Domicile: New Hampshire

55 Capital Boulevard Group Code: 2538 Company Type: P&C

6th Floor

Rocky Hill, CT 06067 Group Name: State ID Number:

(212) 571-3989 ext. [Phone] FEIN Number: 02-0449082

Wesco Insurance Company CoCode: 25011 State of Domicile: Delaware

55 Capital Boulevard Group Code: 2538 Company Type:
Rocky Hill, CT 06067 Group Name: State ID Number:

(212) 571-3989 ext. [Phone] FEIN Number: 85-0165753

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No

Fee Explanation: AR Fee is \$50.00 per filing

Per Company: No

SERFF Tracking Number: REGU-125487748 State: Arkansas

First Filing Company: Technology Insurance Company, Inc., ... State Tracking Number: EFT \$50

Company Tracking Number: 2008-0322

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Automobile Independent Form

Project Name/Number: /2008-0322

COMPANY AMOUNT DATE PROCESSED TRANSACTION #

Technology Insurance Company, Inc. \$50.00 02/14/2008 17980507

Wesco Insurance Company \$0.00 02/14/2008

 SERFF Tracking Number:
 REGU-125487748
 State:
 Arkansas

 First Filing Company:
 Technology Insurance Company, Inc., ...
 State Tracking Number:
 EFT \$50

Company Tracking Number: 2008-0322

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Automobile Independent Form

Project Name/Number: /2008-0322

Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/25/2008	02/25/2008

Company Tracking Number: 2008-0322

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Automobile Independent Form

Project Name/Number: /2008-0322

Disposition

Disposition Date: 02/25/2008

Effective Date (New): 02/25/2008 Effective Date (Renewal): 02/25/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing0.000%Overall Percentage Rate Impact For This Filing0.000%Effect of Rate Filing-Written Premium Change For This Program\$0Effect of Rate Filing - Number of Policyholders Affected0

Company Tracking Number: 2008-0322

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Automobile Independent Form

Project Name/Number: /2008-0322

Item Status Public Access Item Type Item Name Uniform Transmittal Document-Property & Approved Yes **Supporting Document** Casualty **Authorization Letters** Approved Yes **Supporting Document** Exclusion-Physical Abuse Or Sexual Approved Yes **Form**

 SERFF Tracking Number:
 REGU-125487748
 State:
 Arkansas

 First Filing Company:
 Technology Insurance Company, Inc., ...
 State Tracking Number:
 EFT \$50

Company Tracking Number: 2008-0322

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Automobile Independent Form

Project Name/Number: /2008-0322

Form Schedule

Review	Form Name	Form #	Edition	Form Type Action	Action Specific	Readability	Attachment
Status			Date		Data		
Approved	Exclusion-	CA99001	00506	Endorseme New		0.00	CA990010
	Physical Abuse			nt/Amendm			0506.pdf
	Or Sexual			ent/Conditi			
	Misconduct			ons			
	Liability						

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY

EXCLUSION – PHYSICAL ABUSE OR SEXUAL MISCONDUCT LIABILITY

Regardless of anything contained in this policy to the contrary, this policy does not apply to any claim or "suit" for damages arising out of or in any way related, in whole or in part, to actual or threatened "physical abuse" or "sexual misconduct".

[&]quot;Physical abuse" means actual or threatened physical maltreatment.

[&]quot;Sexual misconduct" means any conduct, whether actual or threatened, of a sexual nature.

 SERFF Tracking Number:
 REGU-125487748
 State:
 Arkansas

 First Filing Company:
 Technology Insurance Company, Inc., ...
 State Tracking Number:
 EFT \$50

Company Tracking Number: 2008-0322

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Automobile Independent Form

Project Name/Number: /2008-0322

Rate Information

Rate data does NOT apply to filing.

Company Tracking Number: 2008-0322

TOI: 20.0 Commercial Auto Sub-TOI: 20.0001 Business Auto

Product Name: Commercial Automobile Independent Form

Project Name/Number: /2008-0322

Supporting Document Schedules

Review Status:

Satisfied -Name: Uniform Transmittal Document- Approved 02/25/2008

Property & Casualty

Comments:

Attachment:

AR Auto NAIC.pdf

Review Status:

Satisfied -Name: Authorization Letters Approved 02/25/2008

Comments: Attachments:

Auth Letter Auto F TIC.pdf Auth Letter Auto F WIC.pdf

Property & Casualty Transmittal Document

	Reserved for Insurance Dept. Use	Only	2.	Insurance	Department U	Jse only			
			a. Date the filing is received:						
			b. Analyst:						
			c.	Disposition:	·				
			d. Date of disposition of the filing:						
				e.					
				New Business					
				Renewal Business					
			f. State Filing #:						
				SERFF Filir					
			g. h.	Subject Co	T				
3	Group Name						Group NAIC #		
<u>J.</u>	AmTrust Group						2538		
				T,	T				
4.	Company Name(s)			Domicile	NAIC #	FEIN#	State #		
	Technology Insurance Company			NH	42376	02-04490			
	Wesco Insurance Company			DE	25011	85-016575	53		
	<u> </u>			 	ļ				
	<u> </u>			 	 		_		
5.	Company Tracking Number		2008	-0322					
	ntact Info of Filer(s) or Corporate O	Afficar(e) [inc	duda tali	froe numbe	\rightarrow 1				
6.	Name and address	Title		ephone #s	FAX i	#	e-mail		
	Joanne Sullivan			- -					
	Insurance Regulatory Consultants 50 Broad Street, Suite 501	Analyst	Analyst (212)		(242) E74 2E02	•	<u>annesullivan@ird</u>		
	New York, NY 10004	7			(212) 571-2502				
	· · · · · · · · · · · · · · · · · · ·				(212) 571-2502	<u>llc</u>	<u>c.com</u>		
					(212) 571-2502	IIC	<u>c.com</u>		
					(212) 571-2502	llc	<u>c.com</u>		
							<u>c.com</u>		
7.	Signature of authorized filer				212) 3/1-2302		c.com		
	Signature of authorized filer Please print name of authorized filer						c.com		
8.			Joann	e Sullivan	ووريائه		c.com		
8. Fili 9.	Please print name of authorized filer ng information (see General Instruction Type of Insurance (TOI)	ctions for desc	Joann	e Sullivan	ووريائه		c.com		
8. Fili 9. 10.	Please print name of authorized filer ng information (see General Instruct Type of Insurance (TOI) Sub-Type of Insurance (Sub-TOI)	ctions for desc	Joann criptions 19.3, 19.4	e Sullivan	lds)		c.com		
8. Fili 9. 10.	Please print name of authorized filer ng information (see General Instruct Type of Insurance (TOI) Sub-Type of Insurance (Sub-TOI) State Specific Product code(s) (if	ctions for desc 1	Joann	e Sullivan	lds)		c.com		
8. Fili 9. 10.	Please print name of authorized filer ng information (see General Instruct Type of Insurance (TOI) Sub-Type of Insurance (Sub-TOI) State Specific Product code(s) (if applicable)[See State Specific Requirement	ctions for descriptions	Joann criptions 9.3, 19.4	e Sullivan of these fiel 4, 21.2 - Cor	lds)		c.com		
8. Fili 9. 10. 11.	Please print name of authorized filer ng information (see General Instruct Type of Insurance (TOI) Sub-Type of Insurance (Sub-TOI) State Specific Product code(s) (if applicable)[See State Specific Requirement Company Program Title (Marketing title)	ctions for descriptions	Joann criptions 19.3, 19.4	e Sullivan of these fiel 4, 21.2 - Cor	lds) mmercial Auto	žur.			
8. Fili 9. 10. 11.	Please print name of authorized filer ng information (see General Instruct Type of Insurance (TOI) Sub-Type of Insurance (Sub-TOI) State Specific Product code(s) (if applicable)[See State Specific Requirement	nts]	Joann criptions 19.3, 19.4 N/A	e Sullivan of these fiel 4, 21.2 - Cor	lds) mmercial Auto		ates/Rules		
8. Fili 9. 10. 11.	Please print name of authorized filer ng information (see General Instruct Type of Insurance (TOI) Sub-Type of Insurance (Sub-TOI) State Specific Product code(s) (if applicable)[See State Specific Requirement Company Program Title (Marketing title)	nts]	Joann criptions 19.3, 19.	e Sullivan of these fiel 4, 21.2 - Cor	Ids) mmercial Auto Rules combination Ra	R tes/Rules/F	ates/Rules		
8. Fili 9. 10. 11. 12. 13.	Please print name of authorized filer ng information (see General Instruct Type of Insurance (TOI) Sub-Type of Insurance (Sub-TOI) State Specific Product code(s) (if applicable)[See State Specific Requirement Company Program Title (Marketing to Filing Type Effective Date(s) Requested	nts]	Joann criptions 9.3, 19.4 N/A Commerce Rate Form Withen	e Sullivan of these fiel 4, 21.2 - Cor cial Auto /Loss Cost	Ids) mmercial Auto Rules ombination Ra Other (give de	R tes/Rules/F	ates/Rules		
8. Fili 9. 10. 11. 12. 13.	Please print name of authorized filer ng information (see General Instruct Type of Insurance (TOI) Sub-Type of Insurance (Sub-TOI) State Specific Product code(s) (if applicable)[See State Specific Requirement Company Program Title (Marketing to Filing Type Effective Date(s) Requested Reference Filing?	nts]	Joann criptions 19.3, 19.4 N/A Commerce Rate, Virther New: Yes	e Sullivan of these fiel 4, 21.2 - Cor cial Auto /Loss Cost ns	Ids) mmercial Auto Rules ombination Ra Other (give de	☐ R tes/Rules/F escription)	ates/Rules		
8. Fili 9. 10. 11. 12. 13.	Please print name of authorized filer ng information (see General Instruct Type of Insurance (TOI) Sub-Type of Insurance (Sub-TOI) State Specific Product code(s) (if applicable)[See State Specific Requirement Company Program Title (Marketing to Filing Type Effective Date(s) Requested Reference Filing? Reference Organization (if applicable)	nts] Citions for descriptions for descr	Joann criptions 19.3, 19.4 N/A Commerce Rate, Withen New: Yes	e Sullivan of these fiel 4, 21.2 - Cor cial Auto /Loss Cost ns	Ids) mmercial Auto Rules ombination Ra Other (give de	☐ R tes/Rules/F escription)	ates/Rules		
8. Fili 9. 10. 11. 12. 13. 14. 15. 16.	Please print name of authorized filer ng information (see General Instruct Type of Insurance (TOI) Sub-Type of Insurance (Sub-TOI) State Specific Product code(s) (if applicable)[See State Specific Requirement Company Program Title (Marketing to Filing Type Effective Date(s) Requested Reference Filing? Reference Organization (if applicable Reference Organization # & Title	nts] ititle) C N C C C C C C C C C C C	Joann criptions 19.3, 19.4 N/A Commerce Rate, Withen New: Yes N/A N/A	e Sullivan of these fiel 4, 21.2 - Cor cial Auto /Loss Cost ns	Ids) mmercial Auto Rules ombination Ra Other (give de	☐ R tes/Rules/F escription)	ates/Rules		
8. Fili 9. 10. 11. 12. 13. 14. 15. 16. 17.	Please print name of authorized filer ng information (see General Instruct Type of Insurance (TOI) Sub-Type of Insurance (Sub-TOI) State Specific Product code(s) (if applicable)[See State Specific Requirement Company Program Title (Marketing to Filing Type Effective Date(s) Requested Reference Filing? Reference Organization (if applicable)	nts] ititle) C N C C C C C C C C C C C	Joann criptions 19.3, 19.4 N/A Commerc Rate Form Withe New: Yes N/A N/A 12/14/200	e Sullivan of these fiel 4, 21.2 - Cor cial Auto /Loss Cost ns	Ids) mmercial Auto Rules ombination Ra Other (give de	Rtes/Rules/Fescription)	ates/Rules		

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	2008-0322

21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]

Technology Insurance Company (TIC) and Wesco Insurance Company (WIC) are submitting an independent form filing for their Commercial Automobile Program. The corresponding rule is not required to be filed as per your state requirements. The following items are enclosed for your review: Required state filing forms Independent form CA990010 – Exclusion – Physical Abuse Or Sexual Misconduct Liability Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below] Check #: EFT Amount: \$50.00

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

^{***}Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms) (Do <u>not</u> refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		2008-0322			
2.	This filing corresponds to rate/rule filing number			2008-0323 (As retained in Company Files)		
	(Company tracking number of rate/rule filing, if applicable)					
	Form Name /Description/Synopsis	Form #	Replacement		If replacement,	Previous state
3.		Include edition	or		give form #	filing number,
		date	te Withdrawn?		it replaces	if required by state
	Exclusion-Physical Abuse		✓ New			
01	Or Sexual Misconduct		☐ Replacement	ent		
	Liability	CA990010 Ed 0506	Withdrawn			
			New			
			☐ Replaceme	ent		
			☐ Withdrawn			
			New			
			☐ Replaceme	ent		
			Withdrawn			
			New			
			☐ Replacement	ent		
			Withdrawn			



Technology Insurance Company

An AmTrust Financial Company

LETTER OF FILING AUTHORIZATION

This will certify that Insurance Regulatory Consultants, LLC (IRC) has been given full authorization to submit the captioned filing below on behalf of Technology Insurance Company, Inc. This authorization extends to all correspondence regarding this filing.

Christopher Zentner	2/13/08
Name	Date
Vice President, Compliance Title	
Technology Insurance Company, Inc.	
Company / / / /	
Signature	<u>646-458-7922</u> Telephone #

Re: Technology Insurance Company, Inc. NAIC #: 2538-42376 Commercial Automobile Independent Form



Wesco Insurance Company

An AmTrust Financial Company

LETTER OF FILING AUTHORIZATION

This will certify that Insurance Regulatory Consultants, LLC (IRC) has been given full authorization to submit the captioned filing below on behalf of **Wesco Insurance Company**. This authorization extends to all correspondence regarding this filing.

Christopher Zentner	2/13/08
Name	Date
Vice President, Compliance Title	
Wesco Insurance Company Company	
Signature)	646-458-7922 Telephone #

Re: Wesco Insurance Company, Inc. NAIC #: 2538-25011 Commercial Automobile Independent Form